

Indiana State Department of Health

|  |   |   |  |  |
|--|---|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>IN005347</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/04/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENTIVA HEALTH SERVICES</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1400 MCGALLIARD RD<br/>MUNCIE, IN 47303</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| N 000  | <p>Initial Comments</p> <p>This visit was a home health agency state licensure survey.</p> <p>Survey dates: October 2, 3, and 4, 2013</p> <p>Facility: 005347</p> <p>Medicaid Vendor: 100264810A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Gentiva Health Services is in compliance with the Indiana State Rules for home health agency licensure 410 IAC Article 17.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN<br/>October 4, 2013</p> | N 000   |  |  |

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE